

<h1 style="margin: 0;">PCT</h1> <h2 style="margin: 0;">REQUEST</h2> <p style="margin: 10px 0;">The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.</p>	International Application No.
	International Filing Date
	Name of receiving Office and "PCT International Application"
	Applicant's or agent's file reference (if desired) (12 characters maximum) O1P92WO
Box No. I TITLE OF INVENTION	
Box No. II APPLICANT	
Name and Address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Outokumpu Oyj Riihitontuntie 7 02200 Espoo Finland	<input type="checkbox"/> This person is also inventor. Telephone No. Facsimile No. Teleprinter No.
State (that is, country) of nationality: FI	State (that is, country) of residence: FI
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) and/OR (FURTHER) INVENTOR(S)	
Name and Address: Daum, Karl-Heinz Senefelder Straße 17 65205 Wiesbaden Germany	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: Keil & Schaafhausen Cronstettenstraße 66 60322 Frankfurt am Main Germany	Telephone No. 069-959623-0 Facsimile No. 069-5975059 Teleprinter No.
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and Address: Seitz, Ekkehart Daniel-Greiner-Weg 3 64342 Seeheim-Jugenheim Germany	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and Address: Müller, Hermann Auf dem Seif 15 61462 Königstein Germany	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and Address: Anastasijevic, Nikola Zum Niddersteg 11 63674 Altenstadt Germany	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and Address: 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-box; at least one must be marked):


Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI-Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line).....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input type="checkbox"/> AE	United Arab Emirates	<input type="checkbox"/> GM	Gambia	<input type="checkbox"/> NZ	New Zealand
<input type="checkbox"/> AG	Antigua and Barbuda	<input type="checkbox"/> HR	Croatia	<input type="checkbox"/> OM	Oman
<input type="checkbox"/> AL	Albania	<input type="checkbox"/> HU	Hungary	<input type="checkbox"/> PG	Papua New Guinea
<input type="checkbox"/> AM	Armenia	<input type="checkbox"/> ID	Indonesia	<input type="checkbox"/> PH	Philippines
<input type="checkbox"/> AT	Austria	<input type="checkbox"/> IL	Israel	<input type="checkbox"/> PL	Poland
<input type="checkbox"/> AU	Australia	<input type="checkbox"/> IN	India	<input type="checkbox"/> PT	Portugal
<input type="checkbox"/> AZ	Azerbaijan	<input type="checkbox"/> IS	Iceland	<input type="checkbox"/> RO	Romania
<input type="checkbox"/> BA	Bosnia and Herzegovina	<input type="checkbox"/> JP	Japan	<input type="checkbox"/> RU	Russian Federation
<input type="checkbox"/> BB	Barbados	<input type="checkbox"/> KE	Kenya	<input type="checkbox"/> SC	Seychelles
<input type="checkbox"/> BG	Bulgaria	<input type="checkbox"/> KG	Kyrgyzstan	<input type="checkbox"/> SD	Sudan
<input type="checkbox"/> BR	Brazil	<input type="checkbox"/> KP	Democratic People's	<input type="checkbox"/> SE	Sweden
<input type="checkbox"/> BY	Belarus	<input type="checkbox"/> KR	Republic of Korea	<input type="checkbox"/> SG	Singapore
<input type="checkbox"/> BZ	Belize	<input type="checkbox"/> KZ	Republic of Korea	<input type="checkbox"/> SK	Slovakia
<input type="checkbox"/> CA	Canada		Kazakhstan	<input type="checkbox"/> SL	Sierra Leone
<input type="checkbox"/> CH und LI	Switzerland and Liechtenstein	<input type="checkbox"/> LC	Saint Lucia	<input type="checkbox"/> SY	Syrian Arab Republic
<input type="checkbox"/> CN	China	<input type="checkbox"/> LK	Sri Lanka	<input type="checkbox"/> TJ	Tajikistan
<input type="checkbox"/> CO	Columbia	<input type="checkbox"/> LR	Liberia	<input type="checkbox"/> TM	Turkmenistan
<input type="checkbox"/> CR	Costa Rica	<input type="checkbox"/> LS	Lesotho	<input type="checkbox"/> TN	Tunisia
<input type="checkbox"/> CU	Cuba	<input type="checkbox"/> LT	Lithuania	<input type="checkbox"/> TR	Turkey
<input type="checkbox"/> CZ	Czech Republic	<input type="checkbox"/> LU	Luxembourg	<input type="checkbox"/> TT	Trinidad and Tobago
<input type="checkbox"/> DE	Germany	<input type="checkbox"/> LV	Latvia	<input type="checkbox"/> TZ	United Republic of Tanzania
<input type="checkbox"/> DK	Denmark	<input type="checkbox"/> MA	Morocco	<input type="checkbox"/> UA	Ukraine
<input type="checkbox"/> DM	Dominica	<input type="checkbox"/> MD	Republic of Moldova	<input type="checkbox"/> UG	Uganda
<input type="checkbox"/> DZ	Algeria	<input type="checkbox"/> MG	Madagascar	<input type="checkbox"/> US	United States of America
<input type="checkbox"/> EC	Ecuador	<input type="checkbox"/> MK	The former Yugoslav	<input type="checkbox"/> UZ	Uzbekistan
<input type="checkbox"/> EE	Estonia	<input type="checkbox"/> MN	Republic of Macedonia	<input type="checkbox"/> VC	Saint Vincent and the Grenadines
<input type="checkbox"/> ES	Spain	<input type="checkbox"/> M	Mongolia	<input type="checkbox"/> VN	Viet Nam
<input type="checkbox"/> FI	Finland	<input type="checkbox"/> W	Malawi	<input type="checkbox"/> YU	Serbia and Montenegro
<input type="checkbox"/> GB	United Kingdom	<input type="checkbox"/> MX	Mexico	<input type="checkbox"/> ZA	South Africa
<input type="checkbox"/> GD	Grenada	<input type="checkbox"/> MZ	Mozambique	<input type="checkbox"/> ZM	Zambia
<input type="checkbox"/> GE	Georgia	<input type="checkbox"/> NO	Norway	<input type="checkbox"/> ZW	Zimbabwe
<input type="checkbox"/> GH	Ghana				

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM <input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
Item (1) 24.10.2002	102 49 782.6	DE		
Item (2)				
Item (3)				
Item (4)				
<input type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as: <input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> item (4) <input type="checkbox"/> item (5) <input type="checkbox"/> other, see Supplemental Box * Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(II)). See Supplemental Box.				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) ISA/E P		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
		Date (day/month/year)	Number	Country (or regional Office)
Box No. VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 30 claims : 4 abstract : 1 drawings : 9 sequence listing part of description : * ----- Total number of sheets : 48		This international application is accompanied by the item(s) marked below:: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input checked="" type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 44892 4. <input type="checkbox"/> statement explaining lack of signature 5. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganisms or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input type="checkbox"/> other (specify):		
Figure of the drawings which should accompany the abstract: *		Language of filing of the international application: English		
Box No. IX: SIGNATURE OF APPLICANT OR AGENT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).				
 Nanno M. Lenz (Association No. 124)				

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1. Date of actual receipt of the purported international application:		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA/		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

For International Bureau use only

Date of receipt of the record copy by the International Bureau:
